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Docket No. 2609/68051-B-PCT-US/JPW/GJG/JR

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): Liat Hayardeny, et al.Serial No. : 10/591,195 Examiner: _____Filed : September 29, 2006 Group Art Unit: _____For : COMBINATION THERAPY WITH GLATIRAMER ACETATE AND RILUZOLE

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: October 31, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	25 -	* .24 =	*** 1 X	\$25	\$50	=		50
Indepen-dent Claims	3 -	** 3 =	*** 0 X	\$105	\$210	=		0
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u>X</u> No				\$185	\$370	=		0
				TOTAL ADDITIONAL FEE			\$ 50	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Applicant(s): Liat Hayardeny, et al.

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Amendment Transmittal Letter
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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)

☐ A Petition for an Extension of Time, including a fee of
\$ ☐ for a Petition for ☐ Month(s) Extension of Time

☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 50.

☒ A check in the amount of \$ 50 is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of
\$ ☐.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	
<u>Gary J. Gershik</u> Gary J. Gershik Reg. No. 39,992	<u>10/31/07</u> Date

Gary J. Gershik
John P. White
Registration No. 28,678
Gary J. Gershik
Registration No. 39,992
Attorneys for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400